

**SOUTH CAROLINA OFFICE OF REGULATORY STAFF
SC TELECOMMUNICATIONS RELAY SYSTEM INVOICE**

Billing for access lines in service in the Month of: _____

Name of Company: _____

() Check here if information to the left is incorrect and
provide correct information below.

Attn: _____

Title: _____

Co. Name: _____

Address: _____

City/State/Zip: _____

Contact Phone No.: _____

E-Mail address of contact person _____

- | | |
|---|----------------------|
| 1. Previous Balance | \$ _____ |
| 2. Number of Access Lines in SC for the Month | # _____ |
| 3. Rate per Access Line | \$ _____ 0.15 |
| 4. Calculate Amount Due (line 2 x line 3) | \$ _____ |
| 5. Less: Amount Paid to ILECs on Resold Lines
(Amount of lines resold to & collected by ILECs)
Please attach copy of page from bill showing payment | \$ _____ |
| 6. Total Payment Due (line 1 + line 4 – line 5) | \$ _____ |

I hereby affirm that the information reported herein is true and accurate to the best of my knowledge:

Company Official: _____ **Title:** _____
(Please Print)

Company Official: _____
(Signature)

Please make check payable to: The Office of Regulatory Staff

Mail check and copy of bill to:

The Office of Regulatory Staff
Attention: Arles Herrera
1401 Main Street, Suite 900
Columbia, South Carolina 29201

PAYMENTS ARE DUE ON OR BEFORE THE 15TH OF THE MONTH

The Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, South Carolina 29201
803-737-0800